



MOUNTAIN VIEW ELEMENTARY

A Seventh-day Adventist Christian School

1010 Clements Road ◦ Missoula, MT ◦ 59804 ◦ (406) 543-6223

PHYSICAL CLEARANCE

Student Information

Name:

First

Middle Initial

Last

Birthday

This information may be shared with school personnel as necessary to benefit the health and safety of this student and others. I will keep school staff informed as to any changes so the student's records can be updated as needed.

Guardian:

Signature

Date

A Physician, PA or Nurse Practitioner must complete this form. Please indicate if any of the following concerns are applicable to the above listed student. If yes, please include a description or explanation of necessary medications, procedures, or adaptations. Please read the school handbook regarding medications to be given out at school.

Allergies: food, environmental, latex, medication, other

yes no

Asthma

yes no

Diabetes

yes no

Headaches

yes no

Learning Disabilities

yes no

Seizures

yes no

Other Medications: needs medication at school

takes medication at home

yes no

Hearing Concerns

yes no

Vision Concerns

yes no

Physical Restrictions

yes no

Immunizations are current

yes no

Other: please describe any pertinent health history

yes no

Physician:

Signature

Date

Phone